

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Outpatient Hospitals
Managed Care Plans

Memorandum No: 05-127 MAA
Issued: December 22, 2005

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022

Subject: Outpatient Hospitals: Year 2006 CPT and HCPCS Codes and Policy Updates

Effective for dates of service on and after January 1, 2006, the Health and Recovery Services Administration (HRSA) is updating all the following:

- The OPPS Budget Target Adjuster;
- The Outpatient Hospital fee schedule and the Outpatient Prospective Payment System (OPPS) fee schedule using the Year 2006 Current Procedural Terminology (CPT™) and Healthcare Common Procedure Coding System (HCPCS) Level II codes;
- Expedited Prior Authorization criteria; and
- Program policies.

HRSA's OPPS Budget Target Adjuster

Effective for dates of service on and after January 1, 2006, the OPPS budget target adjuster will be **0.852%**.

Maximum Allowable Fees

HRSA used the following resources in determining the maximum allowable fees for the Year 2006:

- Year 2006 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative Value Units (RVUs);
- Year 2006 Washington State Medicare Laboratory Fee Schedule; and
- Current conversion factors.

Updates to the following fee schedules are now available online:

- Outpatient Hospital fee schedule at:
<http://maa.dshs.wa.gov/RBRVS/RBRVS%20Fee%20Schedule%20File%20Downloads.htm>
- OPPS fee schedules at: <http://fortress.wa.gov/dshs/maa/hrates/opps/index.html>

Note: Due to its licensing agreement with the American Medical Association (AMA) regarding the use of CPT codes and descriptions, HRSA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

Added Procedure Codes

Effective for dates of service on and after January 1, 2006, HRSA has added the following new procedure codes to the Outpatient Hospital fee schedule. This list is for Non-OPPS hospitals and solely reflects services HRSA pays using fee schedule methodology. See the OPPS fee schedule for a complete list of all coverage decisions.

PA?	Procedure Code	PA?	Procedure Code	PA?	Procedure Code	PA?	Procedure Code
	0101T		82272		87900		90633
	0102T	PA	83037	PA	88333		90636
PA	0137T		83631	PA	88334		90645
PA	0140T		83695	PA	88384		90646
	0144T		83700	PA	88385		90647
	0145T		83701	PA	88386		90648
	0146T		83704		89049		90649
	0147T	PA	83900		90371		90655
	0148T	PA	83907		90375		90656
	0149T	PA	83908		90376		90657
	0150T	PA	83909		90396		90658
	0151T	PA	83914		90465		90660
	0152T		86200		90466		90665
	76376		86355		90467		90669
	76377		86357		90468		90675
	77421		86367		90471		90676
	77422		86480		90472		90690
	77423		86923		90585		90691
	80195		86960		90586		90692
	82271		87209		90632		90700

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***Refer to the attached fee schedule for coverage decisions and payment amounts.**

PA?	Procedure Code	PA?	Procedure Code	PA?	Procedure Code	PA?	Procedure Code
	90701		90747		A9538		A9564
	90702		90748		A9539		A9565
	90703		90749		A9540		A9566
	90704		91022		A9541		A9567
	90705		92626		A9542	PA	A9698
	90706		92627		A9543		G0375
	90707		92630	PA	A9544		G0376
	90708		92633	PA	A9545		Q9951
	90712	PA	95251		A9546		Q9952
	90713		95865		A9547		Q9953
	90714		95866		A9548		Q9954
	90715	PA	95873		A9549	PA	Q9955
	90716	PA	95874		A9550	PA	Q9956
	90717	PA	96101		A9551	PA	Q9957
	90718		96102	PA	A9552		Q9958
	90720		96103		A9553		Q9959
	90725	PA	96116		A9554		Q9960
	90732	PA	96118		A9555		Q9961
EPA	90733		96119		A9556		Q9962
EPA	90734		96120		A9557		Q9963
	90735		97760		A9558		Q9964
	90736		97761		A9559		S0625
	90740		97762		A9560		S3626
	90743		A9535		A9561	PA	S3854
	90744		A9536		A9562		
	90746		A9537		A9563		

CPT® codes and descriptions only are copyright 2005 American Medical Association.

***Refer to the attached fee schedule for coverage decisions and payment amounts.**

Deleted Procedure Codes

Effective for dates of service on and after January 1, 2006, HRSA no longer pays for the following codes which are deleted from the current CPT or HCPCS book:

Procedure Code	Procedure Code	Procedure Code	Procedure Code	Procedure Code
0010T	97504	G0034	G0217	G0254
0020T	97520	G0035	G0218	G0279
0023T	97703	G0036	G0219	G0280
0038T	A4643	G0037	G0220	G0296
0039T	A4644	G0038	G0221	G0330
0040T	A4645	G0039	G0222	G0331
76375	A4646	G0040	G0223	G0336
78160	A4647	G0041	G0224	Q1001
78162	A9511	G0042	G0225	Q1002
78170	A9513	G0043	G0226	Q3002
78172	A9514	G0044	G0227	Q3003
78455	A9515	G0045	G0228	Q3004
82273	A9519	G0046	G0229	Q3005
83715	A9520	G0047	G0230	Q3006
83716	A9522	G0125	G0231	Q3007
86064	A9523	G0210	G0232	Q3008
86379	A9533	G0211	G0233	Q3009
86585	A9534	G0212	G0234	Q3010
86587	G0030	G0213	G0242	Q3011
92510	G0031	G0214	G0279	Q3012
95858	G0032	G0215	G0252	
97020	G0033	G0216	G0253	

Note: Do not use CPT and HCPCS codes that are deleted in the “Year 2005 CPT” book and the “Year 2005 HCPCS” book after December 31, 2005.

New Expedited Prior Authorization Criteria:

Please refer to the authorization section of your billing instructions for information on how to create an expedited prior authorization (EPA) number. If EPA criteria cannot be met and there is strong evidence of medical necessity, you have the option of submitting a written/fax authorization request (see the Authorization Section of HRSA's current *Outpatient Hospital Services Billing instructions* for details).

Cochlear Implants**CPT:** 69930**HCPCS:** L8615-L8618, L8621-L8624**Dx.:** 389.1-389.18

423 When one of the following is true:

- 1) **Unilateral cochlear implantation** for adults (age 18 and older) with post-lingual hearing loss and children (age 12 months-17 years) with prelingual hearing loss when all of the following are true:
 - a) The client has a diagnosis of profound to severe bilateral, sensorineural hearing loss;
 - b) The client has stimuable auditory nerves but has limited benefit from appropriately fitted hearing aids (e.g., fail to meet age-appropriate auditory milestones in the best aided condition for young (not your) children or score of less than ten or equal to 40% correct in the best-aided (not test-aided) condition on recorded open-set sentence recognition tests;
 - c) The client has the cognitive ability to use auditory clues;
 - d) The client is willing to undergo an extensive rehabilitation program;
 - e) There is an accessible cochlear lumen that is structurally suitable for cochlear implantation;
 - f) Client does not have lesions in the auditory nerve and/or acoustic areas of the central nervous system; and
 - g) There are no other contraindications to surgery; or

2) **Replacement Parts for Cochlear Implants** when all of the following are true:

- a. HRSA has purchased the implant(s);
- b. The manufacturer's warranty has expired;
- c. The part is for immediate use, not a back-up part; and
- d. The part is not an external speech processor (these require written/fax authorization).

Please Note: HCPCS code L8619 requires PA.

Hyperbaric Oxygen Therapy

CPT: 99183, C1300

425 When all of the following are true:

- 1) The diagnosis is 250.70-250.83; and
- 2) Hyperbaric Oxygen Therapy is being done in combination with conventional diabetic wound care.

Meningococcal Vaccine

CPT: 90734 (Conjugate Vaccine – Menactra®)

421 Client is 11 years of age through 55 years of age and is in one of the “at risk” groups because the client has one of the following:

- 1) Has terminal complement component deficiencies;
- 2) Has anatomic or functional asplenia;
- 3) Is a microbiologist who is routinely exposed to isolates of N. meningitides; or
- 4) Is a freshman entering college who will live in a dormitory.

CPT: 90733 (Polysaccharide vaccine – Menomune®)

424 Client meets at least 1 of the 5 criteria for use of the meningococcal vaccine outlined for EPA code 421 (CPT code 90734) and **one of the following is true:**

- 1) The client is one of the following:
 - a) 2 years of age through 10 years of age; or
 - b) Older than 55 years of age.
- 2) The conjugate vaccine is not available.

Clarification of existing policies:

- **External Speech Processor**

For dates of service on and after January 1, 2006, HRSA requires written/fax prior authorization (PA) for replacement external speech processor. See Section I of the current *Physician Related Services Billing Instructions*.

- **Modifier 52**

HRSA pays hospitals that bill using modifier 52 at 50% of the existing payment methodology. For RCC paid services, billed charges must reflect this reduction.

- **Sleep Studies**

- ✓ HRSA limits payment for sleep studies to clients with diagnoses of obstructive sleep apnea or narcolepsy. **For dates of service on and after October 1, 2005**, HRSA expanded the diagnosis range to include the following: 327.21, 327.23, 327.26, and 327.27.

- ✓ HRSA added North Olympic Sleep Center, Silverdale, WA to the list of Approved Sleep Centers.

- **Smoking Cessation for Pregnant Women**

HRSA pays for smoking cessation for pregnant women **only**. **For dates of service on and after January 1, 2006**, use procedure codes G0375 and G0376 to bill for this service. For dates of service prior to January 1, 2006, providers must use the old CPT codes to bill for this service.

- **Vagus Nerve Stimulation (VNS)**

HRSA does not pay providers for Vagus Nerve Stimulation (VNS); programming CPT codes 95970, 95974, or 95975; or other VNS-related procedures CPT 64550-64565, or 64590-64595 when used to treat depression.

Immunizations

HRSA pays hospitals for covered immunizations according to HRSA's Maximum Allowable Fee Schedule. For your convenience, the entire immunization section of the current *Physician-Related Services Billing Instructions* is inserted in this memo.

Immunizations – Children

(This applies to clients age 20 years and younger).

Immunizations under the EPSDT program are usually given in conjunction with a screening exam. Do not bill an Evaluation and Management (E&M) code unless there is a separate, identifiable diagnosis that is different from the immunization.

Immunizations covered under the EPSDT program are listed in the vaccine table beginning on page 9 below. For children age 18 years and younger, the vaccines that are shaded in the table are available at no cost from the Department of Health (DOH) through the Universal Vaccine Distribution program and the Federal Vaccines for Children program. HRSA does not pay providers for these vaccines.

Providers must bill for the administration of the vaccine and for the cost of the vaccine itself as detailed on the following page: Clients age 18 years and younger – Vaccines that are identified by shading.

- These vaccines are available at no cost from DOH. Therefore, HRSA pays providers for an administration fee only.
- Bill for the administration of the vaccine by reporting the procedure code given with modifier SL (e.g., 90707 SL).
- DO NOT bill CPT codes 90471-90472 or 90465-90468 for the administration of the vaccine.

Clients age 18 years and younger – Vaccines not identified by shading

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with non-shaded vaccines. HRSA pays providers for the vaccine using HRSA's maximum allowable fee schedule.
- **Do not** bill any of the codes in the following table in combination with CPT codes 90471-90472. HRSA limits payment for immunization administration to a maximum of two vaccines (e.g., one unit of CPT code 90465 and one unit of CPT code 90466; or one unit of CPT 90467 and one unit of CPT 90468).

CPT Code	Brief Description
90465	Immune admin 1 inj, <8 yrs (may not be billed in conjunction with 90467)
90466	Immune admin addl inj, < 8 yrs (must be reported in conjunction with 90465 or 90467)
90467	Immune admin O or N < 8 yrs (may not be reported in conjunction with 90465)
90468	Immune admin O/N, addl < 8 y (must be reported in conjunction with 90465 or 90467)

Note: HRSA pays the above administration codes *only* when the physician counsels the client/family at the time of the administration and the vaccine **is not** available free of charge from the Health Department.

- Providers **must** bill the above administration codes on the **same** claim as the procedure code for the vaccine.

Clients age 19-20 years – All Vaccines

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with any of the vaccines for clients 19-20 years of age, regardless of whether the vaccine is shaded or not. HRSA pays providers for the vaccine using HRSA's maximum allowable fee schedule.
- Bill for the administration of the vaccine using CPT codes 90471 (one vaccine) and 90472 (each additional vaccine). Payment is limited to one unit of CPT code 90471 and one unit of CPT code 90472 (maximum of two vaccines).
- Providers **must** bill CPT codes 90471 and 90472 on the **same** claim as the procedure code for the vaccine.

**Vaccines that are shaded in the table are available at no cost from DOH through the Universal Vaccine Distribution program and the Federal Vaccines for Children program for children age 18 years and younger.
HRSA does not pay providers for these vaccines.**

CPT	Vaccine	CPT	Vaccine
90585	Bcg vaccine, percut	90704	Mumps vaccine, sc
90586	Bcg vaccine, intravesical	90705	Measles vaccine, sc
90632	Hep a vaccine, adult im	90706	Rubella vaccine, sc
90633	Hep a vacc, ped/adol, 2 dose	90707	Mmr vaccine, sc
90636	Hep a/Hep B vacc (adult)	90708	Measles-rubella vaccine, sc
90645	Hib vaccine, hboc, im	90712	Oral poliovirus vaccine
90646	Hib vaccine, prp-d, im	90713	Poliovirus, ipv, sc
90647	Hib vaccine, prp-omp, im	90714	Td vaccine no prsrv>=7im
90648	Hib vaccine, prp-t, im	90715	Tdap, 7 years and older, intramuscular
90655	Flu vacc split pres free 6-35 months	90716	Chicken pox vaccine, sc
90656	Flu vacc split pres free 3 years and above	90717	Yellow fever vaccine, sc
90657	Flu vaccine, 6-35 mo, im	90718	Td vaccine >7, im
90658	Flu vaccine, 3 yrs, im	90720	Dtp/hib vaccine, im
90660	Flu vacc, nasal (Covered October 1 through March 31 only)	90725	Cholera vaccine, injectable
90665	Lyme disease vaccine, im	90732	Pneumococcal vacc, adult/ill
90669	Pneumococcal vacc, ped<5	90733	Meningococcal vaccine, sc
90675	Rabies vaccine, im	90734	Meningococcal vacc,intramuscular
90676	Rabies vaccine, id	90735	Encephalitis, vaccine, sc
90690	Typhoid vaccine, oral	90740	Hepb vacc, ill pat 3 dose im
90691	Typhoid vaccine, im	90743	Hep b vacc, adol, 2 dose, im
90692	Typhoid vaccine, h-p, sc/id	90744	Hep b vacc ped/adol 3 dose, im
90700	Dtap vaccine, im	90746	Hep b vaccine, adult, im
90701	Dtp vaccine, im	90747	Hep b vacc, ill pat 4 dose, im
90702	Dt vaccine <7, im	90748	Hep b/hib vaccine, im
90703	Tetanus vaccine, im	90749	Vaccine toxoid

*Due to its licensing agreement with the American Medical Association,
HRSA publishes only the official, brief CPT code descriptions.
To view the full descriptions, please refer to your current CPT book.*

Immunizations-Adults

(This section applies to clients 21 years of age and older. For clients 20 years of age and younger, refer to “Immunizations-Children”)

- Bill HRSA for the cost of the vaccine itself by reporting the procedure code for the vaccine given.
- HRSA pays providers for the vaccine using HRSA’s maximum allowable fee schedule.
- Bill for the administration of the vaccine using CPT codes 90471 (one vaccine) and 90472 (each additional vaccine). Payment is limited to one unit of 90471 and one unit of 90472 (maximum of two vaccines).
- Providers **must** bill CPT codes 90471 and 90472 on the **same** claim as the procedure code for the vaccine.

CPT	Immunization	CPT	Immunization
90585	Bcg vaccine, precut	90712	Oral poliovirus vaccine
90586	Bcg vaccine, intravesical	90713	Poliovirus, ipv, sc
90632	Hep a vaccine, adult im	90715	Tdap, 7 years and older
90636	Hep a/hep b vacc, adult im	90716	Chicken pox vaccine, sc
90645	Hib vaccine, hboc, im	90717	Yellow fever vaccine, sc
90646	Hib vaccine, prp-d, im	90718	Td vaccine >7, im
90647	Hib vaccine, prp-omp, im	90720	Dtp/hib vaccine, im
90648	Hib vaccine, prp-t, im	90725	Cholera vaccine, injectable
90656	Flu vacc split pres free 3 years and above	90732	Pneumococcal vacc, adult/ill
90658	Flu vaccine, 3 yrs, im	90733	Meningococcal vaccine, sc
90660	Flu vacc, nasal (Covered October 1 through March 31 only)	90734	Meningococcal vacc, intramuscular
90665	Lyme disease vaccine, im	90735	Encephalitis vaccine, sc
90675	Rabies vaccine, im	90740	Hepb vacc, ill pat 3 dose, im
90676	Rabies vaccine, id	90746	Hep b vaccine, adult, im
90690	Typhoid vaccine, oral	90747	Hepb vacc, ill pat 4 dose, im
90691	Typhoid vaccine, im	90748	Hep b/hib vaccine, im
90692	Typhoid vaccine, h-p, sc/id	90749	Vaccine toxoid
90701	Dtp vaccine, im		
90703	Tetanus vaccine, im		
90704	Mumps vaccine, sc		
90706	Rubella vaccine, sc		
90707	Mmr vaccine, sc		
90708	Measles-rubella vaccine, sc		
90709	Rubella & mumps vaccine, sc		

Immune Globulins



Note: HRSA does not pay providers for immune globulins that are obtained free of charge.

- **RespiGam** – Do not bill CPT code 90379 for RespiGam. You must use HCPCS code J1565.
- **Synagis** (CPT code 90378)
 - ✓ Bill one unit for each 50 mg of Synagis used.
 - ✓ Providers must list the 11-digit NDC on the claim form when billing HRSA for Synagis as described in numbered memo 05-99 MAA.
 - ✓ HRSA covers Synagis without PA for clients 11 months of age and younger from December 1 - April 30 of any given year.
 - ✓ PA is required for all other time periods and for all other age groups.

Requests for authorization must be submitted in writing to:

HRSA-Division of Medical Management

Attn: Synagis Program

PO Box 45506

Olympia, WA 98504-5506

FAX: (360) 725-2141

- **Hepatitis B** (CPT code 90371) - Payment is based on the number of 1.0 ml syringes used. Bill each 1.0 ml syringe used as 1 unit.
- **Varicella Zoster** (CPT code 90396) - Each one unit billed equals one 125-unit vial, with a maximum payment of five vials per session.

- **Rabies Immune Globulin (RIG) (CPT codes 90375-90376)**

- ✓ RIG is given based on .06 ml per pound of body weight. The dose is rounded to the nearest tenth of a milliliter (ml). Below are the recommended dosages up to 300 pounds of body weight:

Pounds	Dose
0-17	1 ml
18-34	2 ml
35-50	3 ml
51-67	4 ml
68-84	5 ml
85-100	6 ml
101-117	7 ml
118-134	8 ml
135-150	9 ml

Pounds	Dose
151-167	10 ml
168-184	11 ml
185-200	12 ml
201-217	13 ml
218-234	14 ml
235-250	15 ml
251-267	16 ml
268-284	17 ml
285-300	18 ml

- ✓ RIG is sold in either 2 ml or 10 ml vials.
- ✓ One dose is allowed per episode.
- ✓ Bill one unit for each 2 ml vial used per episode.

Examples:

- ✓ If a client weighs 83 pounds, three 2 ml vials would be used. The number of units billed would be three; or
- ✓ If a client weighs 240 pounds, both one 10 ml vial and three 2 ml vials or eight 2 ml vials could be used. The number of units billed would be eight.

Diagnosis Reminder

HRSA requires valid and complete ICD-9-CM diagnosis codes. When billing HRSA, use the highest level of specificity (4th or 5th digits when applicable) or the line pointing to the incorrect diagnosis will be denied.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at:

<http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free hard copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (orders filled daily).
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Health and Recovery Services Administration*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)